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I hereby revoke all previous powers of attorney given in the application Identified in the attached statement under 37 CFR 3.73(b).						
I hereby appoint:						
Practitioners associated with the Customer Number:			23416			
OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
Name		Registration Number	Name			Registration Number
:						
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with						
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents						
attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
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<u>OR</u>						
Firm or Individual Name						
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		14.	T		1	
City Country		State Telephone		Zip Email		
Assignee Name and Address:						
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45 Industrial Place						
Newton, Massachusetts 02461-1951						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/95 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of						
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,						
and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record						
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Signature Robert Landra-			Date 9/14/07		
Name	Tropolette Garaine.			Telephone		
Title General Counsel L Sectofan						